

**PATIENT NUMBER**

**U.S. UTILITY** Patent Application

O.I.P.E. SCANNED <u>SB</u> Q.A. <u>TV</u>	PATENT DATE
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PLICATION NO. 09/629323	CONT/PRIOR D	CLASS 705	SUBCLASS 4D	ART UNIT 2761	EXAMINER [Signature]
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## APPLICANTS

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**TITLE**

Long term disability overpayment recovery service with post award service and savings program and financial assistance

PTO-2040  
12/99[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date)		<b>ISSUE FEE</b>	
			Amount Due	Date Paid
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE BATCH NUMBER</b>	
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